FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informatio													1			
I. Name and Mailing Address of Respondent Gogo, Inc. 111 N Canal Street, Suite #1500 Chicago, IL 60606													Check here if this is a change of address.			
2. Year Report Filed		Period (Endi	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)													
SECTION II - Full-Time Employe	es.															
		Number of Employees (Report employees in only one category)														
Job Categories								Race/Ethnicity	<i>i</i>							
		anic or						Not-His pan	ic or Latino							
	La	tino			Ma	a le					Fen		Total Columns A - N			
	Ma le	Female	White	Black or African American	Native Hawaiian or Other Pacific Is lander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	
Executive/Senior Level Officials and Managers	1															
First/Mid-Level Officials and Managers 1.2	2															
Professionals 2	2														591	
Technicians 3	3				0		1	0	0	1	0	4	0	0	44	
Sales Workers	1 1	0	4	0	0	0	0	0	3	0	0	0	0	0	8	
Administrative Support Workers	1	6	7	0	0	1	0	0	14	7	0	0	0	1	37	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives 7	1	1	10	1	0	0	0	0	3	0	0	0	1	0	17	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL 10	60	26	536	34	3	132	1	9	153	17	0	56	1	4	1,032	
PREVIOUS YEAR TOTAL 1	75	28	639	42	5	159	1	9	195	20	0	70	0	3	1246	

SECTION III - Part-Time Emplo	vees.																
Szeriewa raw rame Barpie	Number of Employees (Report employees in only one category)																
Job	Race/Ethnicity																
Categories	I	Hispanic or Latino		Not-Hispanic or Latino													
					Ma	a le			Female								
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N		
	A	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discri	mination Co	mplaints Pursua	nt to 47 CFR	22.321, 23.55	5, 90.168, 101.	4, and 101.3	11.										
This is to advise the company before ar This is to advise the (Attach a list indica	y body havin e Commissio	g competent juris	diction in suc g complaints	ch matters duri alleging violat	ing the calendations of the pro	r year cover visions of an	ed by this repo y equal emplo	ort. yment opporti	unity statute l	nave been file	d against this o	company.					
SECTION V - Certification																	
	owledge, information, and belief, all statements in this report are true and correct.																
		Signature Signature Signing Signature Signatur									50						
Title of Person Signing Sr Director, HR Op	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).																